

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NOINE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

CONSTANTINE SEDER

Mailing Address

16900 SEVEN LOCKS ROAD

CABIN JOHN

MD

20818

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

301-320-0385

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

CONSTANTINE SEDER

Mailing Address

16900 SEVEN LOCKS ROAD

CABIN JOHN

MD

20818

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

301-320-0385

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